

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214535697
1.) CORPORATION NAME: CIMRO <div style="float: right;">DUE DATE: 7/31/2014</div>		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA <div style="float: right;"> SCC ID NO: F1865957 5.) STOCK INFORMATION <div style="border: 1px solid black; display: inline-block; padding: 2px;">CLASS</div> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-left: 10px;">AUTHORIZED</div> </div>		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY		
4.) STATE OR COUNTRY OF INCORPORATION: IL		
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 2902 CROSSING CT STE C CITY/ST/ZIP: CHAMPAIGN, IL 61822 </div>		
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.		
NAME: PATRICIA LUKER TITLE: SEC/TREAS/DIR ADDRESS: 2902 CROSSING CT STE C CITY/ST/ZIP/CO: CHAMPAIGN, IL 61822	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JULIA ANNE OVERSTREET TITLE: SEC/TREAS ADDRESS: 2902 CROSSING COURT SUITE C CITY/ST/ZIP/CO: CHAMPAIGN, IL 61822	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RONALD L JOHNSON TITLE: V CHAIR/DIR ADDRESS: 2902 CROSSING CT STE C CITY/ST/ZIP/CO: CHAMPAIGN, IL 61822	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARRY SLOTKY TITLE: CHAIR/DIR ADDRESS: 2902 CROSSING CT STE C CITY/ST/ZIP/CO: CHAMPAIGN, IL 61822	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEN BRACKENHOFF TITLE: ASST SECRETARY ADDRESS: 2902 CROSSING COURT SUITE C CITY/ST/ZIP/CO: CHAMPAIGN, IL 61822	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TINA GEORGY TITLE: ASST SECRETARY ADDRESS: 2902 CROSSING COURT SUITE C CITY/ST/ZIP/CO: CHAMPAIGN, IL 61822	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER KIRKLAND ASST SECRETARY 2902 CROSSING COURT SUITE C CHAMPAIGN, IL 61822	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENS YAMBERT MEDICAL DIRECTO 2902 CROSSING COURT SUITE C CHAMPAIGN, IL 61822	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY BELFORD DIRECTOR 2902 CROSSING CT STE C CHAMPAIGN, IL 61822	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD GRABHER DIRECTOR 2902 CROSSING CT STE C CHAMPAIGN, IL 61822	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH MCDERMOTT DIRECTOR 2902 CROSSING CT STE C CHAMPAIGN, IL 61822	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH PRINTEN DIRECTOR 2902 CROSSING CT STE C CHAMPAIGN, IL 61822	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ JULIA ANNE OVERSTREET SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JULIA ANNE OVERSTREET, SEC/TREAS PRINTED NAME AND CORPORATE TITLE	7/17/2014 DATE			
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					